

Ohio Infant Mortality Data Brief

Deaths to Ohio Infants, 2017

In August of 2018, the Ohio Department of Health (ODH) reported that 982 Ohio babies died before their first birthday in 2017.

While Ohio's infant mortality rate has been trending downward during the past decade, progress has been slower than desired and racial disparities are persistent.

ODH continues to investigate those deaths to further describe infant mortality in Ohio and identify new prevention opportunities. This brief provides findings from ODH's continued investigation, which includes analyses by duration of gestation, underlying cause of death, and risk factors. Several key demographic and maternal and child health indicators are presented for all deaths, among deaths due to leading causes, and among deaths to infants born before 24 weeks of gestation.

10.0 nfant Mortality Rate per 1,000 Live Births 7.9 8.0 7.6 7.4 7.4 7.2 7.2 6.8 6.0 4.0 2011 2012 2013 2014 2015 2016 2017 Annual percent change from 2011-2014= -4.17; Annual percent change from 2014-2017= 1.71

Figure 1. Ohio Infant Mortality Rate, 2011-2017¹

Summary

This report has three main conclusions.

- 1) Prematurity remains the leading cause of infant death in Ohio, comprising almost one-third of deaths. Half of all infants who died were born prior to 28 weeks gestation (a full-term pregnancy is at least 37 weeks).
- 2) Mortality rates from prematurity, congenital anomaly, and Sudden Infant Death Syndrome (SIDS) have all been trending downward.
- 3) Preventable risk factors and opportunities for intervening were both common among infants who died.

Opportunities to intervene-prematurity and obstetric conditions: A woman with a previous preterm birth is at risk for another preterm birth, but we found that fewer than 20 percent of infants who died due to prematurity or obstetric conditions had a mother with a previous preterm birth. However, over two-thirds had a prior pregnancy and that prior pregnancy could be a touchpoint with the medical system for optimizing the mother's health between pregnancies and thus improving the outcome of a subsequent pregnancy. First trimester prenatal care is an opportunity to identify and alleviate risks for a preterm birth. But over 30 percent of these mothers lack first trimester prenatal care, indicating a need to remove barriers both to early pregnancy identification and access to prenatal care. About one in four of these mothers was likely eligible for WIC but not receiving benefits. Two-thirds lived in an OEI county and a disproportionate number were black, supporting the focus of efforts to prevent prematurity within those nine counties and black families.

Opportunities to intervene-prematurity and SIDS: SIDS deaths are often considered highly preventable, however, in 2017, 67 Ohio infants died from SIDS and it was the fourth most common cause of infant death. More than half of the mothers of infants who died of SIDS participated in WIC while pregnant, indicating that WIC is an appropriate venue for advocating SIDS prevention including smoking cessation during pregnancy, keeping baby free of second hand smoke, breastfeeding, and safe sleep.

Preventable preconception risk factors—prematurity and obstetric conditions: Over one-third (36 percent) of deaths were among infants born before 24 weeks of gestation, and therefore highly unlikely to survive. Preventable risk factors for preterm birth were relatively common among the mothers of these infants and all infants who died of prematurity or obstetric conditions: over 40 percent were obese and one-third conceived after a shorter-than-recommended interpregnancy interval. Additionally, one in five deaths due to prematurity were born to women who smoked before pregnancy.

Preventable preconception risk factors - SIDS: Almost half of infants who died of SIDS had mothers who smoked before pregnancy and 39 percent continued smoking into the third trimester of pregnancy.

ODH continues to examine vital statistics and other data sources to better understand infant deaths so they may be prevented.

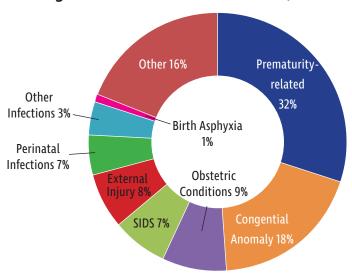
Prematurity and congenital anomaly together accounted for half of the infant deaths in 2017.

Prematurity-related causes were the underlying cause of death for 314 (32 percent) infants.

Among these infants

- Almost two-thirds (63 percent) lived in a county served by the Ohio Institue for Equity in Birth Outcomes (OEI).
- Most (54 percent) of their mothers were low income (presumed to receive Medicaid at delivery) but only half of those received WIC benefits during pregnancy.
- 39 percent of their mothers received no prenatal care in the first trimester.
- The mothers of 41 percent were black.

Figure 2. Cause of Infant Death, Ohio 2017



Congenital Anomaly was the underlying cause of death for 179 (18 percent) infants.

- Among these infants, 75 percent of mothers had a previous pregnancy and 65 percent had a previous live birth, indicating potential opportunities for potential prevention between pregnancies.
- The mothers of 66 percent of these infants were white.

Obstetric Conditions were the underlying cause of death for 90 (9 percent) infants.

Among infants who died of obstetric conditions

- More than half (64 percent) died before the end of the first day of life.
- Almost all (80 percent) were born before 24 weeks gestation.
- 74 percent of mothers had a previous pregnancy while 50 percent had a previous live birth.
- The mothers of 48 percent were obese before pregnancy.

External Injury was the underlying cause of death for 79 (8 percent) infants.

- 38 percent of mothers received no prenatal care during the first trimester.
- Over half (68 percent) of the mothers received WIC benefits during pregnancy.
- The mothers of 77 percent of these infants had a previous pregnancy and 77 percent had a previous live birth, presenting potential opportunities for intervention between pregnancies.

Prematurity and congenital anomaly together accounted for half of the infant deaths in 2017.

SIDS was the underlying cause of death for 67 (7 percent) infants.

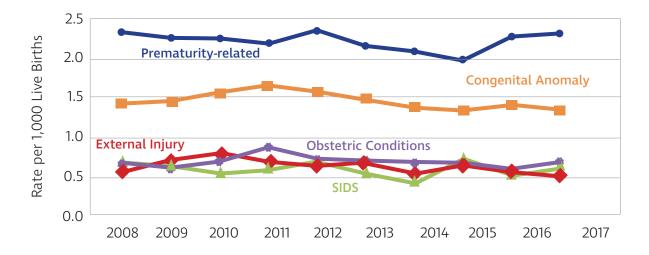
Among infants who died of SIDS

- Most (84 percent) died after the first month of life but before their first birthday.
- More than two-thirds (69 percent) lived in an OEI county.
- The majority (84 percent) of mothers were low income (presumed to receive Medicaid at delivery) and 59 percent received WIC benefits during pregnancy.
- The mothers of almost half (45 percent) smoked in the three months before becoming pregnant.
- Over one-third (39 percent) of the mothers smoked into the third trimester of pregnancy.

Mortality rates for 2 of the 5 top causes have been decreasing.

- Congenital anomaly deaths decreased by a -3.5 annual percent change from 2011-2017.
- SIDS deaths decreased by a -6.4 annual percent change from 2011-2017.

Figure 3. Cause-Specific Infant Mortality Rates for Top Causes, 2008-2017



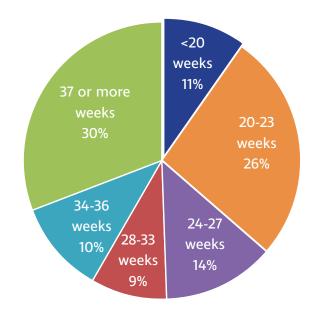
Infant Mortality by Duration of Gestation

Infant survival is highly associated with gestational age

Figure 4. Proportion of Infant Births by Gestational Age, Ohio 2017

24-27 weeks 0.5% 28-33 weeks 2.2% 20-23 weeks 0.2% 34-36 weeks 7.4% 37 or more weeks 89.6%

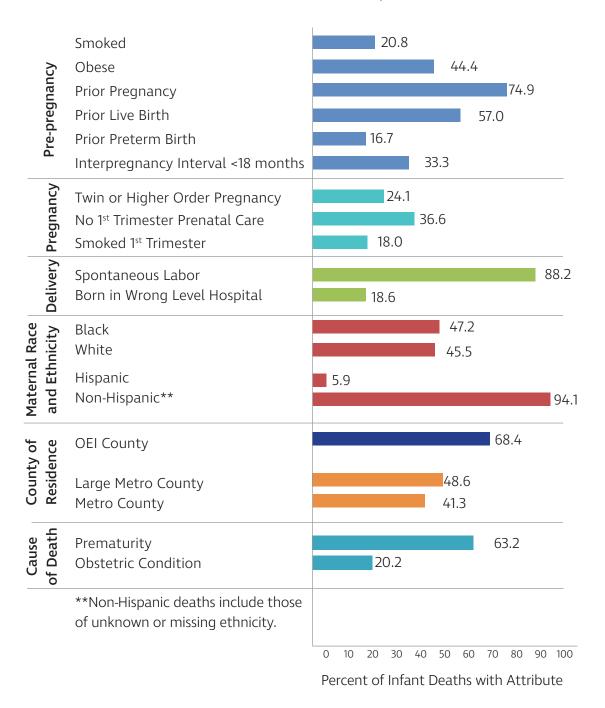
Figure 5. Proportion of Infant Deaths by Gestational Age, Ohio 2017



Although infants born less than 24 weeks accounted for 0.3 percent of total infants born, 356, over one-third, accounted for infant deaths. Among infants who died and were born at less than 24 weeks gestation, only 14 percent of the mothers had a prior preterm birth, but 68 percent had previously been pregnant.

Infant Mortality by Duration of Gestation

Figure 6. Maternal and Infant Attributes of Infants who Died and were Born Before 24 Weeks Gestation, Ohio 2017



Almost half of the infants who died did not survive their first day of life.

- Within the first hour of life, 13 percent of infant deaths occurred.
- By the end of the first day of life, 32 percent more had died.
- After the first month, but before the first birthday (called post-neonatal death), 30 percent died.

Most of the infants who died were born early or small.

Of the infants who died

- Half (52 percent) were very low birth weight (<1500g or 3 lbs 5 oz).
- Half (50 percent) were born before 28 weeks gestation (called very preterm).
- A quarter (24 percent) were small for their gestational age [among singletons born at greater than 21 weeks of gestation].

Preventable Risk Factors for infant death were common.

Among infants who died

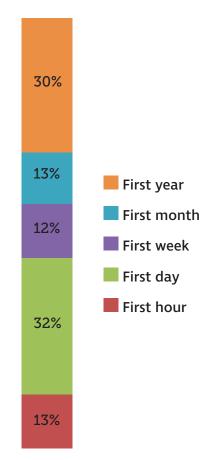
- More than one-third were born to mothers who received no first trimester prenatal care.
- Two in five whose mothers had a prior birth were conceived earlier than recommended (less than 18 months after the prior birth).
- 24 percent had a mother who smoked at the beginning of pregnancy.
- One in ten was born to a teenaged mother.

Many women whose infant died had health concerns prior to pregnancy.

Of the infants' mothers prior to pregnancy

- One in three (38 percent) was obese.
- One in four (24 percent) smoked within three months of becoming pregnant.
- Prepregnancy hypertension (6 percent) and diabetes (2 percent) were relatively uncommon but pose high risk to pregnancy.

Figure 7. Age at death among infants who died Ohio, 2017



Preventable Risk Factors for Infant Death were Common

There are opportunities to intervene and improve the chances of a healthy pregnancy.

- About a quarter (27 percent) of mothers were not participating in WIC, but were likely eligible.
- The mothers of one-third (38 percent) of infants who died were WIC participants during pregnancy, a program which presents other opportunities for prevention.
- Most (75 percent) mothers had a previous pregnancy and may have benefited from care between pregnancies.
- 38 percent of women did not receive first trimester prenatal care.

Infant deaths were not evenly distributed among the Ohio population.

Among infants who died

- Almost two-thirds (61 percent) lived in an urban county targeted through the Ohio Institute for Equity in Birth Outcomes(OEI): Cuyahoga, Franklin, Hamilton, Summit, Butler, Lucas, Montgomery, Stark, Mahoning.
- 36 percent had a mother who was non-Hispanic black.

Table 1. Common risk factors among infant deaths, Ohio 2017¹

=	Risk Factor	%	#
Behavioral	Conceived <18 months after prior birth ²	41	125
hav	Mother smoked during first trimester of pregnancy	20	196
Be	Low income (presumed Medicaid)	59	554
al	Father not named on birth certificate	34	331
Social	Mother's education < high school	20	190
O)	Teen mother (<20 years of age)	9	86
re			
hca	No first trimester prenatal care ³	38	323
Healthcare	Born at inadequate level hospital ⁴	9	85
т.			

¹Restricted to 982 deaths with a linked birth certificate.

² Among the 303 infants whose mothers had a previous live birth.

³16 percent unknown.

⁴ Among infants born in a facility.

Data Sources and Methods

This report contains data from the period linked birth /infant death data set, which is part of Ohio's Vital Statistics System. The period linked birth/infant death data set includes all infant deaths under one year of age reported on death certificates and all live births reported from birth certificates. Only residents of Ohio are included. The period linked birth/infant death data set is the primary data set for analyzing infant mortality trends and patterns in Ohio and mirrors the system used nationally. It is also the primary source for examining race and Hispanic-origin infant mortality and for examining factors related to birth. Race and Hispanic origin are self-reported by the mother on the birth certificate. Causes of infant death were categorized using modified Dollfus criteria, which organizes infant deaths by etiology and their amenability to prevention efforts.

For these data analyses, rates for subcategories with fewer than ten infant deaths are suppressed due to insufficient reliability or confidentiality requirements. Refer to the Appendix for detailed tables of the data referenced in this report.

Trend analyses were conducted using Joinpoint software, which tests for significant trends over time and identifies time points where changes in trends occur. References to rates increasing, decreasing, or being different from one another indicate that differences or changes are statistically significant at the p<0.05 level. For some measures, there appear to be observed differences between categories or over time, however, these differences were not statistically significant and so are not mentioned in the text.

Definitions:

Congenital Anomaly: This Dollfus category of infant cause of death includes deaths caused by congenital malformations, deformations, and chromosomal anomalies, and congenital disorders.

County Type: Based on the Centers for Medicaid and Medicare Services designations, this report divides counties into large metro, metro, micro or rural county types.

Eligible for WIC: For purposes of these analyses, women were income eligible for WIC if they were presumed to be insured by Medicaid at delivery.

Father not Named on Birth Certificate: The birth certificate contained no information about the father of the infant. Lack of information about the father is sometimes used as a lack of paternal support for the pregnancy and infant.

Inadequate Hospital Level: An infant born in a hospital without the appropriate level of care given the infants gestational age and/or birth weight. Levels of neonatal care are prescribed through Ohio Revised Code.

Infant Death: The death of a live-born baby before his or her first birthday.

Data Sources and Methods

Infant Mortality Rate: The number of infant deaths in a specific year divided by the number of live births within that same year, multiplied by 1,000.

Mother: An Ohio resident woman physically giving birth to the infant.

Non-Hispanic Ethnicity: Non-hispanic deaths include those of unknown or missing ethnicity.

Obese: Refers to a mother's body mass index (BMI) that was greater than 30 kg/m² before becoming pregnant.

Obstetric Conditions: A Dollfus category of infant cause of death comprised primarily of the following: premature rupture of membranes, placenta previa, placental separation and hemorrhage, incompetent cervix, and multiple pregnancy.

OEI: The Ohio Institute for Equity in Birth Outcomes is a partnership between ODH and nine urban communities to improve birth outcomes and reduce racial disparities in infant deaths.

Prematurity: Dollfus category of infant cause of death comprised of short gestation and low birth weight as well as several other causes that are specific to prematurity, such as neonatal hemorrhage, respiratory distress syndrome, and necrotizing enterocolitis.

SIDS: This acronym stands for Sudden Infant Death Syndrome and is also a modified Dollfus category for infant cause of death.

Small for Gestational Age: An infant who is smaller at birth than the usual amount for infants born at the same gestational age pregnancy.

Spontaneous Preterm Birth: Initiation of labor was spontaneous rather than provider initiated such as through labor induction, caesarean without labor, or membrane rupture.

WIC: The Special Supplemental Nutrition Program for Women, Infants, and Children is a Federal program administered by the state to income eligible women and their children up to age five. The program improves pregnancy outcomes by providing or referring to support services.

References

Ohio Department of Health. 2017 Ohio Infant Mortality Data: General Findings. Available at www.odh.ohio.gov/wps/portal/gov/odh/know-our-programs/infant-and-fetal-mortality/reports

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Nakamura AM, Dove MS, Minnal A, Damesyn M, Curtis MP. Infant Mortality: Development of a Proposed Update to the Dollfus Classification of Infant Deaths. Public Health Rep. 2015;130(6):632-642. doi:10.1177/003335491513000613.

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Supplementary Data Tables

Table 1: Data for pages 2-5, 7-8

	All Deaths						
Attribute	Percent	Numerator	Denominator				
Behavioral							
Smoked Pre-pregnancy	24.3	239	982				
Smoked 1st Trimester	20.0	196	982				
Smoked 3rd Trimester	15.0	147	982				
Interpregnancy interval <18 months	41.3	125	303				
Social							
Low Income (presumed Medicaid)	58.6	554	946				
Education less than High School	20.1	190	945				
Father not on birth certificate	33.7	331	982				
Medical: Prepregnancy							
Obese	38.2	357	935				
Hypertension	5.6	54	973				
Diabetes	2.1	20	973				
Medical: Pregnancy							
Gestational Hypertension	7.0	68	973				
Gestational Diabetes	5.0	49	973				
Twin or higher order pregnancy	15.3	149	973				
Healthcare and Services							
No 1st Trimester Prenatal Care	38.1	323	847				
Born in Wrong Level Hospital	9.2	85	926				
WIC during Pregnancy	38.4	363	946				
No WIC but probably eligible	27.4	255	932				
Maternal Pregnancy History							
Prior Pregnancy	75.1	723	963				
Prior Live Birth	62.9	603	959				
Prior Preterm Birth	12.0	117	973				
Demographic: Mother's Race							
Black	36.1	354	982				
White	56.9	559	982				
Demographic: Mother's Ethnicity							
Hispanic	5.7	56	982				
Non-Hispanic**	94.3	926	982				

Table 1: Data for pages 2-5, 7-8 continued

	All Deaths					
Attribute	Percent	Numerator	Denominator			
Demographic: Mother's Age (years)						
<18	2.9	28	969			
18-19	6.0	58	969			
20-24	27.9	270	969			
25-29	29.2	283	969			
30-34	21.3	206	969			
35-39	10.0	97	969			
40 or more	2.8	27	969			
Demographic: County of Residence at Death						
OEI County	60.8	592	974			
Large Metro County	37.6	369	982			
Metro County	51.2	503	982			
Micro County	9.8	96	982			
Rural County	*	*	*			
Delivery: Gestational Age						
Before 20 weeks	10.8	105	969			
20-23 weeks	25.9	251	969			
24-27 weeks	13.5	131	969			
28-33 weeks	9.5	92	969			
34-36 weeks	10.0	97	969			
37 weeks or more	30.2	293	969			
Delivery: Birth Weight						
Less than 500 grams	25.7	228	887			
500-599 grams	20.9	185	887			
1000-1499 grams	5.1	45	887			
1500-1999 grams	7.4	66	887			
2000-2499 grams	8.5	75	887			
2500 or more grams	32.5	288	887			
Small for gestational age (SGA)	24.2	155	641			
Death: Timing						
Within first hour of life	12.9	127	982			
By end of first day	31.7	311	982			
By end of first week	12.1	119	982			
By end of first month	12.9	127	982			
Before first birthday	30.4	298	982			

Table 1: Data for pages 2-5, 7-8 continued

Attribute	All Deaths						
Attribute	Percent	Numerator	Denominator				
Death Location							
Within hospital as inpatient	76.7	753	982				
ER or outpatient setting	13.7	134	982				
Dead on arrival	*	*	*				
Home	7.2	71	982				
Hospice/Nursing Home/Long Term Care Facility	*	*	*				
Dollfus Cause of Death Category							
Prematurity	32.0	314	982				
Congenital Anomaly	18.2	179	982				
Obstetric Condition	9.2	90	982				
SIDS	6.8	67	982				
External Injuries	8.0	79	982				
Perinatal Infections	6.0	59	982				
Birth Asphyxia	*	*	*				
Other Infections	2.9	28	982				
Other	16.0	157	982				

 $Source: Ohio\ Department\ of\ Health,\ Ohio\ Vital\ Statistics\ Linked\ Birth/Infant\ Death\ files$

^{*} Figure does not meet standards of reliability or precision, based on fewer than 10 deaths in the numerator

^{**}Non-Hispanic deaths include those of unknown or missing ethnicity.

Table 2. Data for pages 3-4

	Due to Prematurity			Due to Congenital Anomaly			Due to Obstetric Conditions			Due	to Externa	al Injury	Due to Sudden Infant Death Syndrome		
Attribute	%	Numer- ator	Denomi- nator	%	Numer- ator	Denom- inator	%	Numer- ator	Denomi- nator	%	Numer- ator	Denomi- nator	%	Numer- ator	Denom- inator
Behavioral															
Smoked Pre-pregnancy	22.3	70	314	17.3	31	179	15.6	14	90	40.5	32	79	44.8	30	67
Smoked 1st Trimester	19.8	62	314	13.4	24	179	13.3	12	90	31.7	25	79	38.8	26	67
Smoked 3rd Trimester	11.5	36	314	10.1	18	179	*	*	*	29.1	23	79	38.8	26	67
Interpregnancy interval <18 months	41.5	27	65	38.9	28	72	*	*	*	50.0	14	28	50.0	17	34
Social															
Low Income (presumed Medicaid)	54.4	162	298	50.3	88	175	55.8	48	86	78.4	58	74	83.6	56	67
Education less than high school	14.8	43	290	24.6	44	179	*	*	*	35.1	26	74	22.4	15	67
Father not on birth certificate	37.6	118	314	28.5	51	179	27.8	25	90	36.7	29	79	44.8	30	67
Medical: Prepregnancy															
Obese	45.5	132	290	28.0	49	175	47.7	41	86	33.8	25	74	40.9	27	66
Hypertension	8.0	25	313	*	*	*	*	*	*	*	*	*	*	*	*
Diabetes	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Medical: Pregnancy															
Gestational Hypertension	3.5	11	313	10.1	18	179	*	*	*	*	*	*	*	*	*
Gestational Diabetes	*	*	*	8.4	15	179	*	*	*	*	*	*	*	*	*
Twin or higher order pregnancy	26.8	84	313	7.3	13	179	25.8	23	89	*	*	*	*	*	*
Healthcare and Services															
No 1st Trimester Prenatal Care	38.5	100	260	39.1	63	161	32.9	25	76	37.7	26	69	46.7	28	60
Born in Wrong Level Hospital	17.6	51	290	6.3	11	176	14.1	12	85	*	*	*	*	*	*
WIC during Pregnany	28.5	84	295	38.2	68	178	28.2	24	85	68.0	51	75	59.1	39	66
No WIC but probably eligible	32.8	95	290	19.4	34	175	32.9	27	82	23.0	17	74	30.3	20	66
Maternal Pregnancy History															
Prior Pregnancy	72.2	221	306	75.3	134	178	73.9	65	88	77.3	58	75	89.6	60	67
Prior Live Birth	57.4	174	303	65.2	116	178	50.0	44	88	77.3	58	75	82.1	55	67
Prior Preterm Birth	17.6	55	313	8.4	15	179	12.4	11	89	*	*	*	*	*	*

Table 2. Data for pages 3-4 continued

	Due to Prematurity			Due to Congenital Anomaly			Due to Obstetric Conditions			Due to External Injury			Due to Sudden Infant Death Syndrome		
Attribute	%	Numer- ator	Denomi- nator	%	Numer- ator	Denom- inator	%	Numer- ator	Denomi- nator	%	Numer- ator	Denomi- nator	%	Numer- ator	Denom- inator
Demographic: Mother's Race	2														
Black	41.1	129	314	25.1	45	179	50.0	45	90	32.9	26	79	41.8	28	67
White	52.9	166	314	66.5	119	179	40.0	36	90	58.2	46	79	55.2	37	67
Demographic: Mother's Ethr	nicity														
Hispanic	4.5	14	314	7.8	14	179	7.8	7	90	*	*	*	6.0	4	67
Non-Hispanic***	95.5	300	314	92.2	165	179	92.2	83	90	98.7	78	79	94.0	63	67
Demographic: Mother's Age	(years)														
<18	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
18-19	5.8	18	309	5.6	10	179	*	*	*	*	*	*	*	*	*
20-24	26.5	82	309	24.0	43	179	18.0	16	89	41.3	31	75	40.3	27	67
25-29	28.8	89	309	30.2	54	179	23.6	21	89	26.7	20	75	32.8	22	67
30-34	22.3	69	309	22.9	41	179	31.5	28	89	*	*	*	14.9	10	67
35-39	11.7	36	309	10.1	18	179	12.4	11	89	*	*	*	*	*	*
40 or more	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Demographic: County of Res	sidence a	nt Death													
OEI County	62.6	196	313	51.4	92	179	74.2	66	89	52.0	39	75	68.7	46	67
Large Metro County	44.9	141	314	33.5	60	179	46.7	42	90	24.1	19	79	41.8	28	67
Metro County	45.2	142	314	54.8	98	179	46.7	42	90	54.4	43	79	50.8	34	67
Micro County	9.2	29	314	10.6	19	179	*	*	*	15.2	12	79	*	*	*
Rural County	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Delivery: Spontaneous vs. Pr	ovider II	nitiated**													
Spontaneous Labor	79.2	248	313	*	*	*	*	*	*	*	*	*	*	*	*
Provider-initiated labor/delivery	20.8	65	313	*	*	*	*	*	*	*	*	*	*	*	*
Delivery: Gestational Age															
Before 20 weeks	21.2	65	306	*	*	*	25.6	23	90	*	*	*	*	*	*
20-23 weeks	52.3	160	306	*	*	*	54.4	49	90	*	*	*	*	*	*
24-27 weeks	19.3	59	306	7.3	13	178	*	*	*	*	*	*	*	*	*
28-33 weeks	3.9	12	306	14.6	26	178	*	*	*	*	*	*	*	*	*
34-36 weeks	*	*	*	27.0	48	178	*	*	*	*	*	*	14.9	10	67
37 weeks or more	*	*	*	46.6	83	178	*	*	*	79.8	63	79	77.6	52	67

Table 2. Data for pages 3-4 continued

Attribute	Du	e to Prema	turity	Due to Congenital Anomaly			Due to Obstetric Conditions			Due to External Injury			Due to Sudden Infant Death Syndrome			
Attribute	%	Numer- ator	Denomi- nator	%	Numer- ator	Denom- inator	%	Numer- ator	Denomi- nator	%	Numer- ator	Denomi- nator	%	Numer- ator	Denom- inator	
Delivery: Birth Weight																
Less than 500 grams	53.3	136	255	*	*	*	71.8	56	78	*	*	*	*	*	*	
500-599 grams	38.8	99	255	8.0	14	176	16.7	13	78	*	*	*	*	*	*	
1000-1499 grams	*	*	*	9.1	16	176	*	*	*	*	*	*	*	*	*	
1500-1999 grams	*	*	*	21.0	37	176	*	*	*	*	*	*	*	*	*	
2000-2499 grams	*	*	*	18.8	33	176	*	*	*	*	*	*	*	*	*	
2500 or more grams	*	*	*	40.3	71	176	*	*	*	81.3	61	75	80.6	54	67	
Small for gestational age	13.6	16	118	40.6	65	160	*	*	*	21.9	16	73	17.5	11	63	
Death: Timing																
Within first hour of life	22.3	70	314	8.4	15	179	27.8	25	90	*	*	*	*	*	*	
By end of first day	48.7	153	314	31.3	56	179	64.4	58	90	*	*	*	*	*	*	
By end of first week	13.4	42	314	14.0	25	179	*	*	*	*	*	*	*	*	*	
By end of first month	12.4	39	314	11.2	20	179	*	*	*	*	*	*	16.4	11	67	
Before first birthday	3.2	10	314	35.2	63	179	*	*	*	93.7	74	79	83.6	56	67	
Death Location																
Within hospital as inpatient	94.9	298	314	83.2	149	179	96.7	87	90	24.1	19	79	*	*	*	
ER or outpatient setting	3.5	11	314	6.2	11	179	*	*	*	43.0	34	79	56.7	38	67	
Dead on arrival	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Home	*	*	*	9.5	17	179	*	*	*	26.6	21	79	25.4	17	67	
Hospice/Nursing Home/ Long Term Care Facility	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	

Source: Ohio Department of Health, Ohio Vital Statistics Linked Birth/Infant Death files

^{*} Figure does not meet standards of reliability or precision, based on fewer than 10 deaths in the numerator

^{**}Measure valid only for premature births

 $^{{\}it ***Non-Hispanic deaths include\ those\ of\ unknown\ or\ missing\ ethnicity}.$

Table 3: Data for Page 6

Attribute	Among Inf	ants Born at < 24 wee	eks Gestation		
- Attribute	Percent	Numerator	Denominator		
Behavioral					
Smoked pre-pregnancy	20.8	74	356		
Smoked 1st trimester	18.0	64	356		
Interpregnancy interval <18 months	33.3	24	72		
Social					
Low Income (presumed Medicaid)	56.9	193	339		
Education less than High School	14.8	49	331		
Father not on birth certificate	36.5	130	356		
Medical: Prepregnancy					
Obese Prepregnancy	44.4	146	329		
Hypertension	6.9	24	348		
Diabetes	*	*	*		
Medical: Pregnancy					
Gestational Hypertension	*	*	*		
Gestational Diabetes	*	*	*		
Twin or higher order pregnancy	24.1	84	348		
Healthcare and Services					
No 1st Trimester Prenatal Care	36.6	109	298		
Born in Wrong Level Hospital	18.6	62	333		
WIC during Pregnany	28.1	94	334		
No WIC but probably eligible	34.8	114	183		
Maternal Pregnancy History					
Prior Pregnancy	74.9	259	346		
Prior Live Birth	57.0	196	344		
Prior Preterm Birth	16.7	58	348		
Demographic: Mother's Race					
Black	47.2	168	356		
White	45.5	162	356		
Demographic: Mother's Ethnicity					
Hispanic	5.9	21	356		
Non-Hispanic**	94.1	335	356		
Demographic: Mother's Age (years)					
<18	2.9	10	348		
18-19	6.9	24	348		
20-24	25.3	88	348		
25-29	27.3	95	348		
30-34	22.1	77	348		
35-39	12.6	44	348		
40 or more	2.9	10	348		

Table 3: Data for Page 6 continued

Assertance	Among Inf	Among Infants Born at < 24 weeks Gestation						
Attribute	Percent	Numerator	Denominator					
Demographic: County of Residence at Death								
OEI County	68.4	238	348					
Large Metro County	48.6	173	356					
Metro County	41.3	147	356					
Micro County	7.9	28	356					
Rural County	*	*	*					
Delivery: Spontaneous vs. Provider Initiated								
Spontaneous Labor	88.2	307	348					
Provider-initiated labor/delivery	11.8	41	348					
Delivery: Gestational Age								
Before 20 weeks	29.5	105	356					
20-23 weeks	70.5	251	356					
Delivery: Birth Weight								
Less than 500 grams	72.6	201	277					
500-599 grams	26.7	74	277					
1000-1499 grams	*	*	*					
1500-1999 grams	*	*	*					
2000-2499 grams	*	*	*					
2500 or more grams	*	*	*					
Small for gestational age (SGA)	*	*	*					
Death Location								
Within hospital as inpatient	95.5	340	356					
ER or outpatient setting	3.9	14	356					
Dead on arrival	*	*	*					
Home	*	*	*					
Hospice/Nursing Home/Long Term Care Facility	*	*	*					
Dollfus Cause of Death Category								
Prematurity	63.2	225	356					
Congenital Anomaly	*	*	*					
Obstetric Condition	20.2	72	356					
SIDS	*	*	*					
External Injuries	*	*	*					
Perinatal Infections	5.9	21	356					
Birth Asphyxia	*	*	*					
Other Infections	*	*	*					
Other	5.6	20	356					

Source: Ohio Department of Health, Ohio Vital Statistics Linked Birth/Infant Death files

^{*} Figure does not meet standards of reliability or precision, based on fewer than 10 deaths in the numerator

^{**}Non-Hispanic deaths include those of unknown or missing ethnicity.